

Death Certificate

Please print out this form and return to:

Town Clerk's Office
60 Center Square
East Longmeadow, MA 01028-2457

Requests submitted through the mail, will be processed on the date they are received.

Full name of the person on the Record of Death

First	Middle	Last
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Date of Death

Month	Day	Year
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Exact Location of this Death

Hospital, Nursing Home, etc.	City of Town
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Signature of Requester

Daytime telephone number

Area Code	Number
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Return Mailing Address

- ❖ Payment may be made in money order or certified bank check.
- ❖ Personal account checks are **not accepted**.
- ❖ Certified copies cost **\$10.00**; please enclose a self addressed stamped envelope for each transaction through the mail.
- ❖ Make money order or certified bank check payable to **"Town of East Longmeadow"**